

ONE AND TWO FAMILY PERMIT APPLICATION REQUIREMENTS

Revised
06/03

Department of Building and Fire Codes 843-341-4757

1. Owner or general contractor must submit the following forms:

- ☐ Completed and signed building permit application.
- ☐ Notarized Mechanical Certificates-must be originals.
 - Electrical Due *before* electrical work is started.
 - Plumbing Due *before* plumbing work is started.
 - Mechanical Due *before* mechanical work is started.

* Fee(s) due upon
application.

- ☐ Subcontractor license acknowledgement
- ☐ Subcontractor roster Due *before* request for permanent service.

☐ Solid waste disposal plan.

☐ Window ratings/openings form- upon application

☐ **A complete copy of stamped job site plans must be submitted between permanent service and prior to the request for Certificate of Occupancy inspection.**

Three (3) sets of site plans and building elevations drawn to scale indicating setback, buffer and height requirements of Title 16 of the Town Code (LMO) Chapter 5. In some cases a tree survey may also be required. A tree survey is required for the Forest Beach district.

Drawings must show a minimum of the following:

- New construction including fences with the boundaries of adjoining properties. Existing structures if applicable. Include spot grades or topographic lines to establish pre construction grade. List total square footage of parcel and total square footage of impervious land.
- Show MSL height of first habitable floor
- Show floor to floor height or MSL of each additional floor
- Dimension top of roof and any roof feature
- Show required base flood elevation if construction is in a flood hazard zone.

Two (2) sets of building plans. **If you are building a new single family, constructing an addition or making modifications which affect the exterior of the structure, you need to provide either a completed SSTD 10, AF&PA or ASCE-7 form or verify that the structural elements are designed in accordance with accepted engineering practice. The building official may require the plans to have the seal of a registered design professional**

- **Structural wall section** showing total number of stories in building.
- **Foundations**
- **Floor plan.**
- **Electrical plan** showing size of service and panel location.

2. **Septic tank permit**, if applicable

3. A copy of **Contractor's license** and Town of Hilton Head Island business License, if not on file with Town. An owner acting as his own contractor must complete a **Disclosure Statement** form.
4. A copy of the **Elevation Certificate** is required prior to vertical construction above the first habitable floor in A & V zones. A FEC for "finished construction" is required before the final inspection.
5. **V-Zone design certification** for houses located in velocity flood zones.
6. Hydrostatic openings design, size calculations and locations for enclosed areas below required first floor elevation in type A flood zones.

INSTRUCTIONS FOR PERMIT APPLICATION FORM

Revised 06/03

All applications must be signed by either the owner or the authorized agent of the owner.

New structures

Part I
Part II
Part III
Part V

You must have the correct lot number and a street name. The parcel number needs to be recorded by Beaufort County prior to applying for the building permit. The correct owner name must be associated with the parcel information.

Additions

Part I
Part II
Part III
Part V

Other Permits

Renovation/remodel/repair, Manufactured Homes, Pools, Irrigation systems, Roofing, Electrical, Electrical change out, Plumbing, etc.

Part I
Part II
Part IV
Part V



Town of Hilton Head Island

BUILDING PERMIT APPLICATION

Revised 06//03

Department of Building and Fire Codes
Information- 843-341-4757, Inspection Requests- 843-341-4677, Fax- 843-842-8587

AP

PLANS CHECK	BCIF	
PERMIT FEE	TIF	TOTAL \$

B _____

PART I

GENERAL INFORMATION

1. Date: _____ Estimated Date of Completion: _____

2. Location: District/Map/Parcel R _____ Subdivision: _____
Lot _____ Street # _____ Street Name _____ Unit # _____ Bldg # _____

3. Owner Name: _____ Phone _____
Owner Address: _____

4. Contractor: _____ Phone _____
Contractor Address: _____ Phone _____
Contractor State License Number email:

5. Architect: _____ Phone _____
Architect State License Number email:

6. Engineer: _____ Phone _____
Engineer State License Number email:

7. Applicant: _____ Phone _____

8. Type of Permit: DPR# (If applicable)
Single Family ☐ **Duplex** ☐ **Multi Family** ☐ **Commercial** ☐ **Affordable Housing** ☐

9. Description of work being done: **Use** _____

10. Required for all permits that affect the percentage or amount of impervious land surface.

Total parcel area	<input type="text"/>	Total impervious area	<input type="text"/>
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Part II	VALUE OF CONSTRUCTION	
Cost of Plumbing	\$ _____	Plb Contractor: _____
Cost of Electrical	\$ _____	Elect Contractor: _____
Cost of HVAC	\$ _____	HVAC Contractor: _____
Building Cost	\$ _____	Total Value of Construction \$ _____

Part III NEW STRUCTURES AND ADDITIONS Fill in only those areas that relate to the addition

New Structure ☐ Addition ☐ Modular Construction ☐ Number of Units _____

Type Construction _____

Heated Square Feet _____ Unheated Square Feet _____

Number of Stories		Fire Alarm System	Yes	No
Number of Bedrooms		Sprinklered	Yes	No
Number of Bathrooms		Type of Heating /Air		
Total Number of Residential Rooms		Type of Fuel		
Number of Elevators		Gas Appliances		
Number of Fireplaces		Size of LP Tank		
Type of Exterior Materials		Type of Sewage		
Type of Roofing Materials		Septic Tank Number		

PART IV ALL OTHER PERMITS Please check box below

- | | | |
|--|--|---|
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> HVAC Replacement/Repair | <input type="checkbox"/> Electrical work other than change out |
| <input type="checkbox"/> Moving Permit | <input type="checkbox"/> Manufactured Home | <input type="checkbox"/> Electrical Change- out <input type="checkbox"/> <200 Amps |
| <input type="checkbox"/> Demolition Permit | <input type="checkbox"/> Modular Business Unit | <input type="checkbox"/> Electrical Change- out <input type="checkbox"/> >200 Amps |
| <input type="checkbox"/> Residential Swimming Pool/Spa
Square Ft. of Pool _____ | <input type="checkbox"/> Construction Trailer | <div><input type="checkbox"/> Renovation -Describe on Page I #9 of form
Which Floor(s) _____
Which rooms or units? _____
Exterior Material _____
Sprinklered Y___ N___ Fire Alarm Y___ N___
Gas Appliances Y___ N___</div> |
| <input type="checkbox"/> Commercial Swimming Pool/Spa
Square Ft. of Pool _____ | <input type="checkbox"/> Tent Permit | |
| <input type="checkbox"/> Portable Spa Unit | <input type="checkbox"/> Air Supported Structure | |
| <input type="checkbox"/> Re-roofing- Type materials _____
Color _____ | <input type="checkbox"/> Plumbing | |
| | | |

Part V

The information on this application is complete and accurate. I am the owner or authorized agent of the owner.

Name (Print) _____ email : _____

Signature: _____ Date: _____

Mechanical Certificate

Town of Hilton Head Island

Trade Certification # T _____ Permit # B _____

Business License # BLN _____

Note

1. The Mechanical Certificate is required **before work *begins*** in plumbing, electrical or HVAC
2. **All** information on the form is **required. Only completed forms will be accepted.**
3. **Owners doing work in any of the trades are required to have the certificate approved by the Chief Building Official**

Work Site: _____ (as it appears on the permit)

Owner: _____

Contractor: _____

Description of work:

☐ Electrical _____ Electric Service Size _____

☐ Plumbing _____

☐ Heating and Air _____ Heat Pump Size _____

I, the undersigned, am the owner or authorized agent of _____, to perform
Company Name
the electrical or heating and air conditioning or plumbing work as described above in accordance with Title
15 of the Municipal Code of the Town of Hilton Head Island.

Name (PRINT)

Notary Public (PRINT)

Signature

Signature

Date: _____

Date: _____

State: _____ **Commission Expires:** _____

Mechanical Certificate

Town of Hilton Head Island

Trade Certification # T _____ Permit # B _____

Business License # BLN _____

Note

4. The Mechanical Certificate is required **before work begins** in plumbing, electrical or HVAC
5. **All** information on the form is **required. Only completed forms will be accepted.**
6. **Owners doing work in any of the trades are required to have the certificate approved by the Chief Building Official**

Work Site: _____ (as it appears on the permit)

Owner: _____

Contractor: _____

Description of work:

☐ Electrical _____ Electric Service Size _____

☐ Plumbing _____

☐ Heating and Air _____ Heat Pump Size _____

*I, the undersigned, am the owner or authorized agent of _____, to perform
Company Name
the electrical or heating and air conditioning or plumbing work as described above in accordance with Title
15 of the Municipal Code of the Town of Hilton Head Island.*

Name (PRINT)

Notary Public (PRINT)

Signature

Signature

Date: _____

Date: _____

State: _____ *Commission Expires:* _____

Mechanical Certificate

Town of Hilton Head Island

Trade Certification # T _____ Permit # B _____

Business License # BLN _____

Note

7. The Mechanical Certificate is required **before work begins** in plumbing, electrical or HVAC
8. **All** information on the form is **required**. **Only completed forms will be accepted.**
9. **Owners doing work in any of the trades are required to have the certificate approved by the Chief Building Official**

Work Site: _____ (as it appears on the permit)

Owner: _____

Contractor: _____

Description of work:

☐ Electrical _____ Electric Service Size _____

☐ Plumbing _____

☐ Heating and Air _____ Heat Pump Size _____

*I, the undersigned, am the owner or authorized agent of _____, to perform
Company Name
the electrical or heating and air conditioning or plumbing work as described above in accordance with Title
15 of the Municipal Code of the Town of Hilton Head Island.*

Name (PRINT)

Notary Public (PRINT)

Signature

Signature

Date: _____

Date: _____

State: _____ *Commission Expires:* _____

SUBCONTRACTOR ROSTER

02/02

Date-----

Instructions: Fill in the information in each column. All license numbers must be current. This form is required before the inspection for permanent service. A specialty contractor's license is not needed for commercial work.

Owner name: _____

General contractor: _____

Job location: _____

Date _____

Note: A separate permit is required for irrigation sprinkler installation.

Permit #

B _____

Entered:

PRINT ALL INFORMATION

TRADE	CONTRACTOR COMPANY NAME	License holders name	HHI BUSINESS LICENSE #	SPECIALTY CONTR LICENSE#
Electrician				NA
Plumber				NA
HVAC				NA
Roofer				
Foundation				
Masonry				
Steel				
Vinyl/aluminum siding				
Stucco				
Insulation				
Sheet rock/drywall				
Carpentry-framing				
Carpentry - interior trim				
Cabinets				
Painting				
Iron railings				
Wallpaper				
Tile work				
Equipment				
Elevator				
Factory fireplace				NA
Glass				NA
Sprinkler (Bldg)				
Alarm system				
Gas				

SOLID WASTE DISPOSAL PLAN

Permit # B _____

Owner Name: _____

Contractor : _____

Location _____

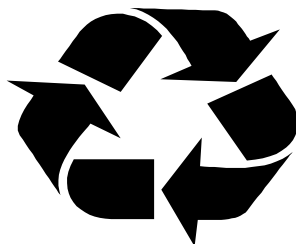
Solid waste containment method: _____

Waste pick-up and disposal schedule: _____

Disposal location (site): _____

Name of party or company responsible for the removal

Signature _____ Date _____



LICENSE REQUIREMENTS

- Independent contractors are responsible for making sure that all subcontractors working on their job site possess the required licenses including a Town of Hilton Head Island **Business License**.
- The Contractor must furnish the Department of Building and Fire Codes with a list of subcontractors when making application for a building permit. If the subcontractor (s) or craftsmen are not known at the time of the application, the contractor must furnish the list to the Department prior to the performance of work on the job by the subcontractor or craftsman.
- The list must include the **name, business license number and residential specialty contractor's registration number if applicable for each subcontractor**. This requirement also applies to individuals such as craftsmen or artisans not regularly employed by the contractor but who are performing work on the job.
- Subcontractors are licensed on the same basis as general or independent contractors for the same job. No deductions shall be made by a general or independent contractor for value of work performed by a subcontractor.
- **In no case will a Permanent Service Inspection be processed until a completed subcontractor roster is submitted.**

Should the contractor allow a subcontractor or craftsman to begin work on a job without a business license, the contractor shall be subject to a suspension of his business license in accordance with Section 10-1-150 of the Code of Ordinances.

I, the undersigned, have read and understand the above statement.

Contractor _____

Signature _____

***This form is required for any construction that includes new or replacement window(s)/door(s)**

TOWN OF HILTON HEAD ISLAND

PERMIT #: _____

DESIGN PRESSURE VALUES
LISTED IN TABLE ARE
POUNDS/SQUARE FOOT(PSF)

**WIND ZONE – INLAND 130 MPH (B EXPOSURE)
BASIC WIND ZONE (MPH 3 SECOND GUST)**

Enter number of windows and check APPLICABLE boxes

Mean Roof Height	# OF WINDOWS	ZONE (4)	# OF WINDOWS	ZONE (5)
<input type="checkbox"/> 15'		<input type="checkbox"/> DP 35		<input type="checkbox"/> DP 45
<input type="checkbox"/> 20'		<input type="checkbox"/> DP 35		<input type="checkbox"/> DP 45
<input type="checkbox"/> 25'		<input type="checkbox"/> DP 35		<input type="checkbox"/> DP 45
<input type="checkbox"/> 30'		<input type="checkbox"/> DP 35		<input type="checkbox"/> DP 45
<input type="checkbox"/> 35'		<input type="checkbox"/> DP 35		<input type="checkbox"/> DP 45
<input type="checkbox"/> 40'		<input type="checkbox"/> DP 40		<input type="checkbox"/> DP 45
<input type="checkbox"/> 45'		<input type="checkbox"/> DP 40		<input type="checkbox"/> DP 50
<input type="checkbox"/> 50'		<input type="checkbox"/> DP 40		<input type="checkbox"/> DP 50

**WIND ZONE – OCEANFRONT 130 MPH (C EXPOSURE)
BASIC WIND SPEED (MPH 3 SECOND GUST)**

Enter number of windows and check APPLICABLE boxes

Mean Roof Height	# OF WINDOWS	ZONE (4)	# OF WINDOWS	ZONE (5)
<input type="checkbox"/> 15'		<input type="checkbox"/> DP 40		<input type="checkbox"/> DP 50
<input type="checkbox"/> 20'		<input type="checkbox"/> DP 45		<input type="checkbox"/> DP 55
<input type="checkbox"/> 25'		<input type="checkbox"/> DP 45		<input type="checkbox"/> DP 55
<input type="checkbox"/> 30'		<input type="checkbox"/> DP 50		<input type="checkbox"/> DP 60
<input type="checkbox"/> 35'		<input type="checkbox"/> DP 50		<input type="checkbox"/> DP 60
<input type="checkbox"/> 40'		<input type="checkbox"/> DP 50		<input type="checkbox"/> DP 65
<input type="checkbox"/> 45'		<input type="checkbox"/> DP 55		<input type="checkbox"/> DP 65
<input type="checkbox"/> 50'		<input type="checkbox"/> DP 55		<input type="checkbox"/> DP 65

Type of Protection for Openings	
<input type="checkbox"/> High impact glass	
<input type="checkbox"/> Approved shutters	
Type of shutters	